# **Health and Family Support**

#### Mission Statement

To improve the physical, mental, and social health of Minneapolis residents through partnership with schools, community agencies, and other government entities.

# **Primary Businesses:**

Through its activities and strategic directions, the Minneapolis Department of Health and Family Support (DHFS) addresses two key City Goals:

- \* Promote public, community and private partnerships to address disparities and to support strong, healthy families and communities, and
- \* Strengthen City government management and enhance community engagement.

The Department invests in the health, social, and economic well being of Minneapolis residents. Our work is accomplished through community engagement strategies and public and private partnerships that share ownership in both identifying the challenges and creating solutions. This is a complex and challenging approach, but we are committed to nurturing these efforts as we collectively build our capacity as a community. Sound research, promising strategies, and community input guide our decisions about resource allocation.

#### **DIRECT SERVICES**

Deliver services to City and community enterprises and residents – Public Health Laboratory, School-Based Clinics, New Families Center, Housing Advocates, Minneapolis Multicultural Services, Senior Ombudsman, and Skyway Senior Center.

#### **COMMUNITY INITIATIVES**

Community partnerships, Policy Development, Research, Health Education, and special projects. DHFS works with community partners to define and address issues that support the City's families, children, disenfranchised residents, and the community- based service delivery system. Examples include supporting the Eliminating Health Disparities Initiative grantees, a range of activities to improve the health outcomes of the American Indian Community, the youth tobacco and alcohol initiatives, the Curfew/Truancy Center, SHAPE, improving birth outcomes and school readiness, and Weed and Seed.

#### SUPPORTING THE COMMUNITY SAFETY NET

Oversee contracts with public and not-for-profit organizations that support a healthier community. These include community clinics for medical and dental care, children's dental care, public health nursing home visiting, childcare, and chore services for senior citizens.

#### PROTECTING THE PUBLIC - PUBLIC HEALTH EMERGENCY PREPAREDNESS.

Provide all-hazards public health emergency preparedness for Minneapolis in coordination with the City's Emergency Management, Hennepin County, metro regional public health departments, and the Minnesota Department of Health.

The Department of Health and Family Support recognizes that many of the challenges that exist in our community are complex and interrelated. Therefore, the nature of the department's work often requires the development of approaches that are interdisciplinary and that cut across different levels of public and private jurisdictions. For these reasons, the business lines can arguably be cut in a number of different ways. However, they are tied together by four strategic directions:

- 1) Improving and protecting community health,
- 2) Eliminating health disparities,
- 3) Supporting and welcoming new arrivals, and
- 4) Addressing the social conditions that affect health.

The Department addresses the complexities within the health and human service delivery system though community partnerships with consumers, public and private funders, and service delivery organizations. This is accomplished in a manner that holds all partners, including ourselves, accountable. We recognize the increasingly diverse residents of our community as assets.

The department has adopted six guiding principles that govern how we make our choices and do business:

- 1. Our activities are investments in the health and social and economic well being of the citizens of Minneapolis.
- 2. Our work is accomplished through collaborations and partnerships. We acknowledge the complexity and challenge of this approach and are committed to creating and nurturing these efforts.
- 3. We work actively to build community capacity.
- 4. We recognize, reflect and respond to the increasing diversity of our city.
- 5. We identify and define outcomes and evaluate and report on results.
- 6. We make decisions about resource allocation based on sound research or promising strategies.

# Key Trends and Challenges Impacting the Department:

#### PUBLIC HEALTH MISSION: The Context

The Department of Health and Family Support works to address the unique dimensions of urban life that affect the physical, mental, and social health of Minneapolis residents. As a local public health agency, DHFS undertakes many traditional public health activities, such as fostering maternal and child health, supporting early childhood development and screening, increasing childhood immunizations, reducing lead exposure among children, monitoring transmissible diseases, and assuring water quality. Local Community Health Boards (CHBs) in Minnesota such as in Minneapolis are designed and funded through state statute "to protect and promote the health of the general population…by emphasizing the prevention of disease, disability, and preventable death through the promotion of effective coordination and use of community resources, and by extending health services into the community."

# FOCUS ON URBAN HEALTH: The Challenge

As an urban health department, DHFS must respond to specific local challenges. The racial, ethnic and cultural diversity that enriches the city also increases the need for linguistically and culturally appropriate services. Immigrants and refugees, in particular, are unfamiliar with this country's health care system, preventive services and payment options. Historical economic, social and political inequities have caused racial and ethnic minorities to suffer from higher rates of negative health outcomes that must be ameliorated. Other attributes of large cities that require special attention are disproportionately high rates of poverty and unemployment, the lack of affordable and safe housing, and concentrations of violent crime and drug trafficking in poor neighborhoods. Minneapolis experiences a disproportionate share of Minnesota's and Hennepin County's health burden, including a greater prevalence of infant mortality, poor nutrition, lead poisoning, asthma, sexually transmitted diseases, and violent crime.

#### DIMINISHING RESOURCES

The past year has seen a rapid acceleration of the trend that began during the past decade: a reduction in government, foundation and private resources that provide funds to core health and human services. The results of a recession, cutbacks at all levels of government, more resources targeted toward emergency preparedness following the September 11th tragedies, and major policy and resource shifts at the State and Federal levels have had an uneven impact, and in some cases have had the greatest adverse effect on the communities most in stress. Interviews with nonprofit groups in Minneapolis reflect a community at a "tipping point." While these organizations run "the risk of death by a thousand cuts," we can expect further reductions to increasingly impact deep-end public services such as police, courts, jails, emergency rooms and shelters.

#### THREAT TO PROGRESS MADE

There have been significant improvement in several health and social condition indicators in the late 1990s and early 2000s. Improvements in areas such as infant mortality, sexually transmitted disease rates, and immunizations can be attributed to targeted programming and community efforts as well as a robust economy. Recent reports have also revealed that there has been a decrease in the concentration of poverty in the city. Concentration of poverty has been associated with a number of negative health and social outcomes. With the downturn in the economy and decreases in public and private investments supporting health and social needs of communities, progress on these indicators

CHART 1 FOOTNOTE: 2003 Community Health Service and Maternal and Child Health amounts reflect amounts anticipated based upon earlier projections. The 2003 State Legislature amended the formula for these grants, making future direct comparisons difficult. At the time of this writing we anticipate that the sum of those two sources will be approximately \$400,000 less this year.

#### SHIFT FROM GENERAL FUND

Since 1998 the state and federally funded Community Health Service (CHS) and Maternal Child Health (MCH) "pass through dollars" to Minneapolis have been flat or declining. During that time the DHFS has aggressively pursued grant funding, but is competing in the same environment of diminished resources as our community partners. Maximum target cuts to the General Fund will put DHFS below the threshold (presently estimated at \$2.6 million) required to match the MCH and CHS funds available to Minneapolis. It should also be noted that the five year plan (as amended to reflect the anticipated LGA cuts) reduces the department to a general fund budget of \$74,000 in 2008.

#### GROWING NUMBER OF AT-RISK POPULATIONS

Membership in the Minneapolis community continues to change and to have an impact on the configuration of service delivery systems. In the mid-nineties, for the first time, the Minneapolis Public School population became a majority "minority" student population, while at the same time welcoming students and their families who now speak more than seventy different languages. Major disparities in health, wealth, school achievement, pregnancy rates, infant mortality, sexually transmitted disease rates, and access to health insurance exist between white and non-white residents of Minneapolis. A common thread within these categories of disparity is poverty.

#### POVERTY

According to the 2000 U.S. Census, one of six Minneapolis residents lives in poverty. Many others struggle to meet basic needs. More than one of five homeowners and more than one of three renters pay more than 30% of their income for housing (the standard definition of unaffordable housing). Changes to the City's demographics also affect the need for basic services. The number of foreign-born residents rose during the 1990s and now represents more than 14% of the City's population; the majority have limited English proficiency. One of nine of city residents lack health insurance, a rate more than double those for the metropolitan area and the state as a whole. Foreign-born residents are more likely to be uninsured, with rates of uninsurance especially high among Latino and African immigrants. Two-thirds of the uninsured are working.

#### SCHOOL PERFORMANCE

Poverty and the lack of affordable housing are contributing factors to academic performance among children. The graduation rate for Minneapolis public school students is much lower than the statewide rate (43.3% versus 78.5% for the class of 2000). Academic success in the city is impeded by a variety of factors. Student mobility is one key factor, with 35% of Minneapolis students transferring schools within district or across districts in the 2000-2001 school year. Limited English proficiency is another challenge for the district. In the 2001-2002 school year, almost one-third (30.1%) of students reported a language other than English as their primary language, a rate 3½ times higher than the statewide rate of 8.3%, and an increase of two-thirds over the 18.2% rate reported for the 1996-97 school year.

#### GROWING RISK OF BIOTERRORISM AND OUTBREAKS OF INFECTIOUS DISEASES

Both the terrorist attacks on September 11, 2001 and the anthrax attacks later that fall accelerated the need for comprehensive all-hazards public health emergency preparedness plans. Planning should be integrated with public safety and Emergency Management to protect the health of Minneapolis residents from terrorism and other natural or man-made disasters. The DHFS focus is on collaboration with Hennepin County to complete bioterrorism planning; coordinate with others in the metro region on chemical and radiological planning; coordinate services for multicultural and vulnerable populations; plan for the mental health needs of public health responders and the public; and partner with Hennepin County on the development of a Medical Reserve Corps. Challenges include the complexity of systems involved, public health inexperience in emergency preparedness, training requirements for city staff, and the need to integrate into an existing emergency management system. There are limited funds and short timelines to

ensure readiness for unplanned incidents. Planning has been interrupted by extensive preparation for the smallpox vaccination program. Systems must be enhanced to address new naturally occurring events such as Monkeypox, SARS, and West Nile Virus.

# Key Initiatives or Other Models for Providing Service to be implemented:

MDHFS is pursuing alternative models for:

- -Weed and Seed: Possible transfer to police department pending recertification of program in Minneapolis.
- -School Based Clinics: Formed an advisory committee, pursuing partnership with a community clinic.
- -Healthy Start: Exploring the possibility of becoming a non-profit organization.
- -Shaway Saniar Center: an organization "Eriands of the Shaway Saniar Center" has applied for 50103 status in an

# Key Departmental Outcome Measures:

Outcome Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Infant mortality rate per 1,000 live births: City	6.2	5.6			
Infant mortality rate per 1,000 live births: African American	12.3 (1996-1998)	11.0 (1999-2001)			
Infant mortality rate per 1,000 live births: American Indian	26.9 (1996-1998)	6.8 (1999-2001)			
Percentage of homes with young children exposed to tobacco smoke	21.8% (1998)		12.2% (2002)		
Percentage of adults that currently smoke	25.1% (1998)		20.7% (2002)		
Percentage of 24-month-old children up- to-date with immunizations	45% (1997)		66% (2002)		
Gonorrhea rate per 100,000		341	363		
Chlamydia rate per 100,000		687	757		
Percentage of births to teens less than 18 years of age	5.4	4.5			

#### Explanation of Performance Data for Departmental Outcome Measures:

Investments in public health can have short-term and long-term benefits, not all of which are readily measurable. Furthermore, external factors, such as changes in the economy or rates of immigration and population growth, can affect the success of public health interventions. For these reasons, the list of outcome measures presented is limited in scope, and the magnitude of the effect of any specific influence is impossible to ascertain. Nonetheless, the selected measures reflect areas in which DHFS and its community partners have targeted significant resources in recent years, and substantial improvements are evident. Such positive results include a lower rate of infant mortality; lower percentage of births to teenage mothers; reduced exposure to household tobacco smoke, especially in homes where young children are present; and reduced tobacco use among adolescents and adults. These public health benefits extend far beyond the impacts on the individuals immediately affected, which are themselves far-ranging and long-lasting; they reduce the cost burden to the entire community.

The measures of rates of sexually transmitted infections merit further explanation; these rates represent diagnosed infections, not the total of actual (including undiagnosed) cases. Greater attention to this health concern, as is the case in Minneapolis, initially generates increased vigilance and testing which in turn results in apparently higher rates of infections. It is anticipated that as both providers and residents adopt testing as a routine preventive health service, infection rates will eventually level off and then decline, reflecting the effects of current health education efforts.

# **Primary Business:**

# **Provide Direct Services**

# **Service Activity:**

# Public Health Laboratory

#### Description:

The Public Health Laboratory provides a range of clinical (medical), environmental (water, lead, food) and chemical (law enforcement – drug) testing for a variety of partners in the City of Minneapolis, the metro area and beyond. Combined, these partners create the volume of testing that is necessary to keep the cost per test affordable to city agencies, allows the laboratory to cover most of its operating expenses and to fulfill its public health responsibilities. These include monitoring STDs, blood leads, foodborne illnesses, and water quality. The laboratory provides technical support to the City's Emergency Response Plan, and is part of a statewide network of laboratories that provide backup in the event of a massive bioterrorism or chemical event. Since 2001, the laboratory has supported workforce development as a training site for the U of M School of Medical Technology.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
# tests performed	95,800	103,300	75,500	75,000	78,000
Revenue Generated	\$544,734	\$675,161	\$593,258	\$600,000	\$620,000
% Costs re-couped	92%	93%	75%	80%	80%
Special Initiatives			* Client satisfaction survey completed * Cost account basis for lab testing completed	* Projected beach sampling is pending *Immigration slow down continues	* Test numbers will increase more slowly with new methods * Beach study should be funded by 2004

# Explanation of key performance measures:

Projected revenue and tests for 2003 are going to be down dueto limited resources for the Environmental Health beach monitoring that was estimated to be 700 samples (2800 tests) the summer of 2003. Funding is a higher likelihood for 2004. A grant applicationr with Hennepin County is expected to generate 5000 lead tests, which should offset decrease in Minneapolis testing due to the expiration of the HUD lead program grant. The post September 11th slowdown in immigration continues to reduce the testing performed for Hennepin County Health Assessment and Promotion (HAP), our largest clinical partner. Hennepin County officials expect business to pick up, but the timing is uncertain.

The key performance goal will continue to be recovering 90% of the laboratory's operating costs, while retaining the capacity to serve its core public health functions. However, this standard must be viewed in the context of an organization that has improved from a cost recovery rate of 58% in 1997 and must recognize the variability of external market factors.

- \* The key cost benefit of the Public Health Laboratory to the City is that savings to the Minneapolis Police Department alone exceed the annual lab subsidy. Testing for MPD performed by the Minneapolis Health Department Laboratory consists of rapid screening tests that may be used for obtaining warrants or for holding suspects, confirmation and quantification testing for court cases and expert witness testimony. The laboratory is convenient to the police department for submitting specimens within the chain of custody policy set up by the laboratory and the property room. Testing for other law enforcement agencies creates the volume that allows us to keep pricing lower than other agencies, and facilitates a much faster turnaround than the BCA, which does not charge for tests. To obtain the same services that are performed here would require the use of two different laboratories if they could handle the volume. The expense of squads to deliver samples to St. Paul for cases would be costly and inconvenient.
- \* In 2004 the laboratory will expand its marketing efforts, particularly in the area of environmental water testing due to the addition of new tests which give results for selected organisms in 24 hours.
- \* The laboratory is working with the BCA and other law enforcement laboratories to obtain grant funds to help pay for certification of drug and alcohol testing performed in the laboratory. Acceptance of grant funds requires us to become certified by ASCLID in two years.

The laboratory continues to evaluate the enterprise regarding business practices and cost versus benefit to the City. Recommendations will be forwarded to City leadership for review.

# **Service Activity:**

#### School Based Clinics

#### Description:

School-Based Clinics are a key to the health care delivery system for underserved Minneapolis teens. The City of Minneapolis operates clinics at five of the seven Minneapolis major high schools and a clinic at a school for pregnant and parenting teens. Clinic staff include Nurse Practitioners, Registered Nurses, Social Workers and Clerks, who team with contracted physician groups and Hennepin County nutrition services to deliver a broad range of prevention and direct intervention services to students. These include wellness promotion and connecting teens to other health and social services, reproductive health, mental health, and the diagnosis and treatment of illnesses and injuries.

School Based Clinics are not designed to operate as primary care providers, but do serve as an entry point to health services for teens, and often as a default provider to the uninsured. In that role, they frequently deal with the health as well as the social service access issues. Clinic staff facilitate the link for students and their families to a source of primary care. If students/families have insurance, but do not know how to use it, the SBC staff can assist them in accessing an appropriate clinic or health care provider.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Student Encounters	10,426	10,016	9,131	8,000	8,000
Revenue Generated: Billing	N/A	\$19,000	\$40,000	\$63,000	\$65,000
Revenue Generated: Grants	\$87,050	\$89,580	\$83,084	\$77,836	\$50,000
New managed care contracts	N/A	3	1	1	0

# Explanation of key performance measures:

The key challenge for the School-Based Clinics is generating the resources necessary to remain a viable enterprise. This is a national issue. The clinics have been aggressive in developing contracts with health plans and can now bill Medical Assistance for four of the State's largest managed care organizations. However, contracts do not automatically translate into significant revenue, and it is not cost effective to develop contracts with all insurance payers for a variety of reasons:

- 1) A large portion of the services provided at the clinics are considered confidential (e.g., mental health counseling and family planning services). With the exception of some students on public assistance, those services cannot be billed because the carriers cannot ensure that the student's confidentiality will be protected through their billing system.
- 2) Negotiating the complex health care contracts is labor intensive and expensive. DHFS in cooperation with the City Attorney's office has retained outside counsel to assist. Costs have ranged from \$6,000 to \$9,000 per contract. Most of the private carriers cover less than 2% of our student population. That volume of business, particularly when considering the high percentage of confidential services provided, does not justify the cost.
- 3) Finally, many of the services provided, such as connecting students to health insurance and other community services are not billable.

City Support: City General Fund dollars for the School-Based Clinics have been reduced from \$340,788 in 1994 to \$121,462 or (8% of the budget) in 2003. At the same time, the cost of doing business has increased at a rate greater than the capacity to raise funds through billing or other grants. Some grant funded projects require staff to work on projects that do not result in client encounters, this contributes to fewer student encounters; but with a larger budget. In 2001-2002 two nursing positions were left unfilled. These staffing changes were continued in 2003. The number of full days that clinics are open has been cut back as a result.

In June of 2003 a newly formed advisory committee of the Public Health Advisory Committee began meeting to: advise the DHFSt in setting strategic directions for the School Based Clinics to assure that youth of high school age in

Minneapolis have access to the confidential physical and mental health support services necessary to protect and improve their health and wellbeing. This group will help guide development of a plan to reduce City expenditures while preserving essential services.

# **Service Activity:**

#### **New Families Center**

#### Description:

The New Families Center is a cooperative initiative with the Minneapolis Public Schools, the Children's Defense Fund and the Healthy Learner Board. It is located at the Four Winds School and works with families of children enrolling or enrolled in MPS. Staff at the Center perform an assessment of health problems that may affect school attendance and learning, give immunizations to children who need them, and help families enroll in health insurance programs and access health care. The majority of the families served are immigrants and refugees. Interpreters are on site to facilitate communication. The application process for public insurance programs is complex and requires that staff have multiple encounters with families and bureaucrats before a family is successfully enrolled. The Center is both enriched and challenged by being a collaborative effort. Ongoing funding for the interpreters is a challenge.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
# of families enrolled in public health insurance programs		400 families (881 children)	2,214 individuals	4,000 individuals	4,500 individuals
# of immunizations administered		2,137	3,414	3,500	3,500

# Explanation of key performance measures:

Enrollment in health insurance is a key resource for families that helps them gain and maintain health, stay in school and keep a job. The New Families Center is one of the first places families come when they arrive in the city. It provides a unique opportunity to help families get established in the community so that they can be productive. Funding for this effort is flat. As additional assistance from county workers and others is secured, enrollment increases. To date, this assistance has been sporadic. The downturn in the economy and 2003 Legislative changes will increase the number of uninsured families seeking assistance from the New Families Center and increase the complexity of securing coverage.

Without proper immunizations, children cannot attend school. Immunizations are available in the community but often involve waiting for appointments and may not be at locations with appropriate interpreters. Immunizations at the New Families Center allow children to enter school sooner.

### **Service Activity:**

## **Housing Advocacy**

#### Description:

Two Housing Advocates provide information and advocacy services for Minneapolis tenants and landlords. DHFS also contracts with Legal Aid to provide technical support to staff and legal advice and representation to consumers. Services include preparation of cases and legal representation for tenants, as well as assistance finding funding for housing.

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Housing Advocates: number served	12,263	11,594	10,139	11,000	11,780
Legal Aid: Number Served	211	205	495	420	420

Tenant Landlord Inquiries 16,302 16,468 16,500 16,750

#### Explanation of key performance measures:

A reduction in numbers served (2002) reflects a gradual shift in some of the responsibilities of Housing Advocate staff. Increasingly, they have been asked to provide education about tenant rights and responsibilities to consumers and consumer service organizations. This includes presentations to high school groups, Minneapolis Community Education classes, and community organizations such as PICA and the Crossroads MOMs group. The advocates represent the City's Housing Advocates Office at the Mayor's monthly open house, and are key informants to policy makers in support of City efforts to recommend changes in eviction procedures and water shut-off issues. In 2002, staff planned to develop and implement a customer survey. That was deferred due to an increased demand for services. The survey planning will be revisited in late 2003 or 2004. 2003-4 projections are calculated upon the current service level and do not reflect the impact of relocating Housing Services to the fifth floor and a reduction in staff support.

# Service Activity:

# **Minneapolis Multicultural Services**

#### Description:

The mission of Minneapolis Multicultural Services (MMS) is to make services offered by the City of Minneapolis accessible to residents who speak limited English. MMS helps the City of Minneapolis to achieve the goal of delivering consistently high quality City services at a good value to residents through this program. We currently provide culturally sensitive bilingual assistance for Latino and Somali residents with city related issues. MMS also works with city departments on cultural competency issues and to streamline city services and processes to improve accessibility. Staff are engaged in actively developing and maintaining positive working relationships with immigrant and refugee community-based organizations.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Number of client encounters	n/a	n/a	1,433	2,000	2,000
Number of departments served		Worked with almost every city department to develop MMS	All city departments	All City departments, including MCDA, the Municipal Building Commission, and the Minneapolis Public Libraries.	All City departments.
Community Outreach Activities		Worked with community groups on development of MMS	Activities included introductory meetings with organizations, presentations at meetings, conferences, serving on advisory committees and La Feria.	Activities include meetings with community based organizations, presentations, serving on advisory committees, La Feria, and partnering with Somali community organizations to provide services onsite.	Community outreach activities will be reduced due to elimination of the Coordinator position and funding reductions for outreach activities.

#### Explanation of key performance measures:

Client encounters encompass services to city residents including interpretation, translation advocacy, outreach, and technical assistance to ensure that basic customer service is provided to limited English speaking persons (immigrants and refugees). Work with city departments entails many special projects like cultural competency planning, Snow Emergency hotlines, and Food Manager Certification Training. Staff plan community outreach activities such as La Feria, a family fair for Hispanic families in Minneapolis, conversational ESL classes for immigrant and refugee seniors in Minneapolis, outreach through the Minneapolis public schools to educate immigrants about being good neighbors, and on-site service delivery with Somali community organizations.

# **Service Activity:**

#### Senior Ombudsman

#### Description:

The Senior Ombudsman assists a growing, diverse population of seniors, people with disabilities, new arrivals, and residents in low-income households with information and assistance so they may fully access and utilize resources to meet their needs. The Ombudsman facilitates services with the Mayor, City Council, and other City departments and works in cooperation with other agencies, programs, and professionals to provide necessary service. The Ombudsman also responds to requests for assistance and increases awareness of senior needs in City departments. The office is host to the year-round volunteer tax assistance program for seniors and low-income persons. The 23-member Senior Citizen Advisory Committee to the Mayor and City Council and the 15-member Advisory Committee on People with Disabilities are also staffed through this office. The office serves as a training and work site for Welfare to Work Initiatives, the federally-funded Senior Aide program, the Retired Senior Volunteer Program, METP's summer youth interns and Labor Relation's "return to work" employees. The Ombudsman is responsible for oversight of the Skyway Senior Center. Continuing challenges for the offices are to maintain and expand services to the community where the needs of frail, older seniors are increasing and funds are limited. The office reaches out to unserved populations to provide resources and assistance.

The Senior Ombudsman engages in a range of other activities such as: recruiting and training of volunteers and temporary workers who help staff the office, participating in Senior Forums with council members, coordinating the opening of the Skyway Senior Center, hosting a City Hall open house for Seniors, helping to coordinate intergenerational tennis and the Mayor's Cup, and working with Minneapolis Multicultural services to expand services to unserved seniors.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Contacts with Seniors	11,301	13,506	12,013	15,000	13.500
Tax program # Served	8,129	8,595	7,453	10,500*	8,500

#### Explanation of key performance measures:

The projected number of individuals served through the tax program in 2003 exceeds the previous year's totals and the 2004 projections because of an increase in tax program activities. In 2003, the Ombudsman was host to a program traditionally operating in the Government Center in addition to its own program. Also, the Ombudsman is partnering with other agencies to promote the Earned Income Credit, which puts money in the hands of low-income Minneapolis residents who may not realize they are eligible. The Ombudsman staff increased from 20 to 50 volunteers and because we filled service gaps as a result of County remodeling, the numbers of people served also increased; electronic filing tripled. If the Government Center finds space in 2004, a decrease in program numbers is anticipated but may remain higher than previous years due to an expansion in returning volunteers and clients and those who learn of their Earned Income Credit eligibility.

# Service Activity:

# **Skyway Senior Center**

#### Description:

The Skyway Senior Center opened in November 2001 and provides a safe, comfortable gathering place for the more than 9,000 Senior Citizens who live downtown as well as those who visit the downtown area. The Center provides a range of life-long learning opportunities; offers wellness programs including blood pressure screening; and provides access to the Internet, e-mail communications, and connections to other services that are of interest to older adults. The center has exceeded all participation projections and has had an extremely favorable community impact. Since the Center opened, there have been more than 22,000 visits, an average of more than 1,200 per month. Seniors have attended more than 4,500 program participation units from January through May of this year. The Center's monthly newsletter reaches over 3,500 senior households. Collaborative partnerships

have been established with 52 community organizations and businesses. Support ranges from financial and inkind resources to health services and fitness programs. A full-time coordinator, two Senior Aides and 45 dedicated volunteers staff the center. The Center has benefited from an average of 204 volunteer hours per month in 2003.

### Key challenges:

- \* Providing equal access to services and programs (due to space limitations, popular programs fill to capacity and some days we cannot accommodate all the persons who want to access two public computer stations). Efforts are made try to schedule additional sections of popular programs that fill. The SSC Advisory Committee has endorsed implementing a reservation system and time limit for computer use. Time limits can be extended if no one is waiting to use the computers.
- \* Sustainability funding is an issue. Target Corporation declined to fund SSC for 2003. The funding climate is equally tough for foundation and grant support. The center will be in a better position to seek foundation and grant support once 501(c)(3) status is granted by 2004 for the Friends of the Skyway Senior Center organization. The Downtown Minneapolis Neighborhood Association has allocated a significant amount of NRP funding for SSC, placing the center on their list of priorities. The outlook for NRP funding beyond 2004 is considerably less. The bright spot is the outpouring of financial support from SSC participants. Class fees cover programming expenses (instructors, presenters and class materials) and contributions for refreshments cover costs of beverages, cookies and supplies.

## Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Daily Visits to Center - 12 month total			13,500	16,000	18,000
Classes and other Activities			225	300	325
Class Participants			4,000	5,000	5,200
Volunteer hours			2,500	3,000	3,200
New Partnerships Developed			40	10	5
Non-Grant Revenue from Classes/Donations			\$4,000	\$6,000	\$10,000

#### Explanation of key performance measures:

A monthly newsletter promotes the Skyway Senior Center programs, Senior Ombudsman Services, downtown activities, City services, wellness and consumer information as well as general news of interest to seniors. The success of the Skyway Senior Center will be determined by its ability to provide a relevant menu of programming to the senior community. Participation level and the ability to become financially stable will be the measure.

# **Primary Business:**

# **Community Initiatives**

# **Service Activity:**

# Reducing Health Disparities in the Community - Working with EHDI Grantees

#### Description:

Through its Eliminating Health Disparities Initiative (EHDI), the Minnesota Department of Health allocated approximately \$6 million in grants to 31 community based organizations doing work in Minneapolis to reduce health disparities in 8 areas: unintentional injuries and violence, cardiovascular disease, diabetes, teen pregnancy prevention, HIV/AIDS and STIs, breast and cervical cancer, infant mortality, and immunizations. Because eliminating health disparities is a DHFS strategic direction, staff are working closely with several of these grantee partners to help them implement or shape their initiatives. In addition, since October 2002, DHFS convened all of the EHDI grantees 4 times to acquaint them with our work, foster partnerships, and share legislative information.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Support work of EHDI grantees		Completed Minority Health Assessment. Helped write 5 EHDI grants	Have established working relationships with the following grantees: StairStep Foundation, Indian Health Board (MUID Group), Carondelet Life Care Mininstries/St. Mary's Health	Held 4 meetings with EHDI grantees working in Minneapolis to improve connections with MDHFS, increase networking and coalesce to maintain level of state funding.	Eliminating health disparities will continue to be DHFS strategic direction. Will continue to convene and support EHDI grantees. Will issue reports/fact sheets on health
			Clinics, CLUES, MN International Health Volunteers,		disparities using SHAPE data. HealthyStart
			Dar Al-Hajah Cultural Center		program will convene conference.

#### Explanation of key performance measures:

These community agencies are a key part of the delivery system for reducing health disparities in Minneapolis. Relationships with these groups need to be established or maintained so that DHFS can bring to bear our resources to support the efforts of these groups. In addition, we hope to work through these organizations to build community capacity, enhance our community connections, and learn more about reducing health disparities based on the work of these grantees.

# **Service Activity:**

# Improving health outcomes in the American Indian community

# Description:

In collaboration with the Metropolitan Urban Indian Directors (MUID), the Little Earth community, and Hennepin County, DHFS is working to address several issues that have been identified by the community as important to health and well-being: head lice as an issue affecting school attendance; engaging youth at Little Earth in meaningful activities to reduce violence and promote youth development; addressing longstanding mental health issues in the Little Earth community; and articulating an overall Urban Indian health agenda. Addressing longstanding challenges in the American Indian Minneapolis community will require a commitment over time to build relationships and trust.

During late 2002 and into 2003, DHFS staff worked with MUID leadership and City elected officials to draft and

implement a Memorandum of Understanding between the American Indian community and the City of Minneapolis. In 2003, selected representatives from the City and the American Indian community will form a committee that will develop the elements of a working partnership that defines mutual goals, action steps and measures of progress. The Minneapolis American Indian Community Advocate will staff this committee.

### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Implement a program to improve the community response to head lice		Pilot project in Little Earth initiated	Evaluate pilot project – Fall 2002. Seek stable funding source for ongoing program.	Continue program with sustainable funding	
Engage community in addressing depression, historical trauma and alcohol use			Seek grant funding for yearlong effort to address issue	Implement effort and evaluate.	
Increase American Indian Youth participation in activities			Convene meeting of organizations serving youth at Little Earth, develop resource book, fund part time youth worker	Evaluate effort, seek ongoing financial support	
Urban Indian Health Agenda		Wrote application for Health Disparities Planning Grant	MUID received grant, assist in development of health agenda	Support effort to seek implementation grant	
Helped organize Metro Urban Indian Day at the Capitol event in conjunction with the MUID group			In addition to well attended Rotunda Rally, teams of American Indian leaders and youth met with 12 legislators regarding health and social services issues.	Metro Urban Indian Advocacy Event was implemented during 2003 legislative session	

# Explanation of key performance measures:

The American Indian community has identified head lice as one issue affecting school attendance because of the time involved in completing the steps to treat the lice beforethe student is allowed to reenter school. The pilot was instituted to see if making supplies and information available at community sites would increase the efficiency of treating head lice and decrease days missed from school.

Depression and the effects of historical trauma have been identified by the American Indian community as issues underlying many challenges in their community. A proposal to address these issues as a community and not simply as individual concerns is being explored. American Indian youth at Little Earth need more positive activities. Youth-serving programs in the community need help connecting with Little Earth youth. The community has identified and is piloting some strategies to address these needs.

The American Indian community has expressed the need to frame health issues within the context of their culture – to serve as an organizing framework both for working within the community to address health disparities but also as a framework for public policy discussions.

Metro Urban Indian Day at the Capitol is part of a larger advocacy strategy to develop and promote an Indian Health Agenda.

# **Service Activity:**

#### Health Education

#### Description:

This activity includes a part-time (0.8 FTE) health education consultant who provides technical assistance, project management, and training services to DHFS and partner agencies, as needed. This consultant provides communication expertise, such as publishing the quarterly newsletter distributed to the Mayor, City Council, City department heads, and partner agency directors, and oversees public awareness media campaigns.

Examples of current projects include a multi-agency coalition to reach parents of teens with positive parenting messages, coordinating implementation of Life Skills Training curriculum in Minneapolis Public Schools, and working with Minneapolis Public Schools to produce "Get Ready for Kindergarten," a bilingual resource manual for parents of 4- and 5-year-olds.

Other services include updating staff on training opportunities, and updating internal units (such as school based clinic staff and METP youth vendors) on best practices and recent research related to adolescent health. Consulting with Emergency Preparedness staff on training strategies for worksite and community audiences is another potential activity for 2003-2004. Communications functions include editing, proofreading, and production oversight of print materials.

Past projects include publicity and promotion of a flu shots campaign for City employees; providing health education resources for Twin Cities Healthy Start and School Based Clinic clients; and writing an overview report on teen pregnancy prevention strategies.

### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Manage the DHFS investment of Life Skills Curriculum for MPS middle schools.	Planned implementation of curriculum with MPS—implemented in 5 classrooms	Implemented in 90% of classrooms and conducted training for 80 middle school staff.	Implemented in 85% of sixth grade classrooms	Expand to 95% of 6th grade classrooms and expand to 7th and 8th grade classrooms.	Sustain and maintain current curriculum penetration in grades 6 – 8.
General Health Education	Spearheaded tobacco prevention initiatives in preparation for MDH grant. Provided health ed for DHFS projects. Worked on teacher education re: methamphetamines. Coordinated MPAAT grant on smoking cessation for pregnant women.	Provided health education support for Twin Cities Healthy Start. General health education including teen pregnancy prevention support. Conducted healthy sexuality training for MPS and alternative school staff.	Focus on nutrition, physical activity, and teacher training. General Health ed support for DHFS programs including Youth Employment and Training providers. Work on Adolescent Health initiatives.	Continue health education technical support, with emphasis on physical activity and nutrition projects. Ramp up Positive Parenting for Adolescent Health coalition with media campaign launch in August.	Continue physical activity and nutrition efforts, emphasizing MPS policy projects. Continue Positive Parenting coalition to reach parents of teens to decrease risky teen behavior.
Department Communications Initiatives	Initiated Healthy City, Thriving Families.	Coordinate monthly newsletter, Healthy City; Thriving Families.	Coordinate Communications. Developed relationships with community press Strengthening marketing materials.	Will continue internal and external communications activities, such as publication of Annual Report, and quarterly newsletter.	Coordinate newsletter and Annual Report. Offer assistance to reach limited English speakers for emergency preparedness projects.

#### Explanation of key performance measures:

Highlights of performance measures include shepherding the implementation of Life Skills Training Curriculum so that there is a 90% penetration for grades 6-8, providing general health promotion resources to support DHFS programs including connecting with Youth employment and training vendors on adolescent health issues. Communications successes include developing projects with community media outlets to promote messages about health and to reduce health disparities, and helping create new vehicles for both external and internal audiences, such as the Healthy

Cities, Thriving Families newsletter and DHFS Annual Report.

#### 2003-04 Key Performance Measures:

Successful launch of Shoulder to Shoulder campaign to reach parents of teens with positive parenting techniques. Liaison with various cultural groups to help translate campaign messages into culturally appropriate venues. Explore use of radio and other alternatives to print to effectively reach these audiences.

# **Service Activity:**

#### **Tobacco and Alcohol Initiatives**

#### Description:

DHFS is part of a comprehensive youth tobacco initiative (Communities Targeting Tobacco-CTT) funded by the Minnesota Department of Health (MDH) and managed by Hennepin County Community Health. Primary goals are to educate the public about secondhand smoke, encourage youth leadership in tobacco education and prevention, work with schools to prevent tobacco use, work with Regulatory Services to reduce youth access to tobacco and publicize programs that help young smokers quit. These activities will end in December, 2003 because the legislature and Governor agreed to discontinue the tobacco endowment which had funded CTT. Additional grant funds may be available from MDH to continue aspects of this work. In addition, DHFS works with Police and Consumer Licensing departments to ensure that youth do not have access to alcohol through licensed beverage establishments and through social providers. In addition, through a peer education approach, we work on preventing youth alcohol use.

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Community Organizing to reduce youth tobacco use	Community Organizing to reduce youth tobacco use Worked with Hennepin County to obtain grant	Established working relationships with 14 community based organizations	Maintain current relationships	Work with Target Market, Minneapolis based MDH funded populations at risk grantees. Organize anti-tobacco community events for youth.	No planned activity since Legislature has cut funding for this effort.
Conducted Second-hand smoke campaign	Conducted Second- hand smoke campaign Worked with Hennepin County to obtain grant		Campaign launched in Feb. 2002 in Near North and Camden neighborhoods	Continue campaign in Near North and Phillips and expand transtop public service ads to Phillips and Powderhorn. According to the 2002 SHAPE survey, homes with children under the age of six showed a 44% decline in household tobacco smoke.	No planned activity since Legislature has cut funding for this effort.

Conducted peer education trainings regarding youth alcohol use

this activity

Wrote grant to fund Conducted training with 72 peer educators

Conducted additional training in training with 54 peer Oct involving 50 peer educators.

Will conduct educators.

Formed Alcohol Compliance Task Force. Increased enforcement activities to include fake IDs and party houses. Increased education outreach to parents. Seek funding for additional parent outreach. Disseminate evaluation of party house intervention.

#### Explanation of key performance measures:

Tobacco Prevention: Performance measures are from the CTT project and from the MDH grant. Alcohol: Performance measures are established in the grant from Department of Public Safety.

# Service Activity:

# Surveillance, Research, and Program Evaluation.

Through its Research Division, DHFS conducts a wide range of activities that address three major objectives:

- \* reducing risk behaviors and promoting health-enhancing behaviors;
- \* targeting social and environmental determinants of health; and
- \* improving access to and quality of health services.

In 2003, a variety of reports and presentations were produced based on results from the Survey of the Health of Adults, the Population and the Environment (SHAPE). Conducted in 2002, SHAPE provides comprehensive information on health behaviors, health status, access to health care, and community assets and concerns for the city as a whole, individual neighborhoods, and individual racial/ethnic groups. An introductory report highlighted several communities within the city, such as seniors, new arrivals, and families with young children. A series of research briefs provided descriptions of the 11 economic planning districts in the city. Another research brief provided a detailed view of the city's residents who lack health insurance. Other activities are also designed to monitor community health. The Research Division maintains the City Health Statistics trends data system to track changes over time among subgroups of residents and is developing a Quality of Life indicator system to track social and environmental determinants of health. These data systems can help city and neighborhood planners identify and target local priorities. The Research Division also completed the data analyses and summaries required of local public health agencies every four years for the Community Health Services Assessment, and continued its evaluations of Twin Cities Healthy Start, the New Families Center, contracted health care services, and other projects. Research Division staff also provided technical assistance to community-based research projects at the Stairstep Foundation, Washburn Child Guidance Center, and the Sustainable Resource Center, among others. Major grant proposals include a project in partnership with Fremont Community Health Services and Teen Age Medical Services to increase the use of reproductive health services among adolescent and young adult African American males.

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
SHAPE II Survey		Survey development, sampling strategy	Completion of 9,500 interviews. Preliminary data analyses focusing on new arrivals and other communities of color.	"Perspectives" report. Community research briefs. Uninsurance research brief. Presentations on recent immigrants,	Reports on particular topics or populations of interest.

Press release on reduced exposure to tobacco smoke. Selected research reports Neighborhood Birth Teen Pregnancy Neighborhood Birth Neighborhood Birth Report; Teen Parent Prevention in Report; Teen Parent Report; Teen Parent Report Card; Minneapolis, Report Card Report Card Snapshot of Urban Update: Health Uninsured in Update; Health Minneapolis; Health American Indians, Disparities in Disparities in Disparities in Snapshot of Urban Minneapolis Update; Minneapolis Update; Minneapolis African Americans Perinatal Periods of Youth Suicide Prevention Project Risk: Benefits of Youth Participation Evaluation; Healthy in Sports and Other Start Project Extracurricular Outcomes Activities **Evaluation** 

health disparities.

#### Explanation of key performance measures:

Performance measures for the Research Division are evaluated by the implementation and completion of research projects. These activities provide information about issues that affect the quality of life in Minneapolis. This information can be used by those involved in changing policy, making improvements in programming, and influencing community priorities. The performance of the Research Division can be measured by the delivery of thorough and easy-to-understand research products to these groups.

# **Service Activity:**

# Improving birth outcomes and school readiness

#### Description:

A healthy birth is an important first step to a healthy life and school success. The Twin Cities Healthy Start program is a federally funded program to address infant mortality among African Americans and American Indians in Minneapolis and St. Paul. DHFS administers this grant and works with community agencies to deliver case management, health education and outreach services to pregnant women. Flat funding and rising costs have necessitated reducing the number of contracted networks from five to four.

Systems issues affect the kind of support pregnant women and young families receive. In June 2002 Policy staff researched and wrote: "Falling Through the Cracks": An analysis of Care Coordination for Low-Income women in Hennepin and Ramsey Counties. Pilot sites for Maternity Case Management Excellence are being developed in cooperation with health plans and community providers.

The City is a significant financial supporter of Way to Grow, a program designed to promote healthy births and school readiness. DHFS has worked closely with WTG and Hennepin County to develop outcome measures for the program. WTG is experiencing decreased funding from all sources and is being restructured. DHFS is working with the YCB Early Childhood Work Group to develop a State of the Young Child in Minneapolis report card to monitor community efforts to improve the lives of young children.

Preschool screening is one means of identifying children in need of additional support in order to be ready to start school. DHFS is working with MPS, Hennepin County and community organizations to improve the number of children screened early so that they can receive appropriate services before starting school. Changes in the operations of the screening activity resulted in a temporary dip in screenings in 2003.

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
# families enrolled in Healthy Start (Mpls/St. Paul)	150	270	390	295	360

Improve perinatal system	Initiate Perinatal Systems Study		Issue report analyzing current system and it's impact on poor families. Disseminate findings.	Initiate Maternity Case Management Excellence work group to develop 3 community-based models. Develop programs at one site.	Develop programs at two additional sites. Disseminate results.
WTG is effective in reaching at risk women and young families		Institute outcome measures	318 at risk participants, exceeding goal of 244	94 first quarter, pro- rated for year is 244 at risk participants.	Exceed 2003
Number of pregnant women actively participating in WTG (% of pregnant women in the City)	329	477	509 (8%)	151 in first quarter, target for year is 637 or (10%)	650
# of children receiving pre school screening		3070	2432	2400	3500

#### Explanation of key performance measures:

The number of high-risk women needing the type of services provided by Healthy Start is significantly higher than those enrolled. Flat funding is a challenge to maintaining and growing the program to meet the need. The State goal is to decrease disparities in infant mortality by 50% by 2010. Currently there is a twofold to threefold difference between infant mortality rates for African Americans and American Indians compared with Whites. There are some recent trends that show improvements in the infant mortality rates for both American Indian and African Americans. Additional improvement in outcomes may be achieved through system change.

WTG is a community organization currently going through significant transitions. It is important to both evaluate the ongoing effectiveness of the WTG program and also the effect of reorganization. To have an impact as an outreach and referral organization, WTG should seek to be actively engaged with at least 10% of the pregnant women in the city; this target may be difficult to obtain in light of shrinking financial resources.

There are approximately 5,000 children entering Kindergarten each year in the MPS. Screening is available for 3-5 year olds. The program goal is to screen children between the ages of  $3\frac{1}{2}$ –4 so that they can be connected to needed services at least a year before starting school. Funding for this activity is flat or decreasing from all sources of funds.

Efforts described under Service Activity: Home Visiting also impact this area significantly.

## **Service Activity:**

# Improving Adolescent and Young Adult Health

#### Description:

In addition to providing direct services to teens through the School-Based Clinics, DHFS works with community organizations to address teen pregnancy and parenting, and to decrease sexually transmitted diseases (STDs). The Youth Risk Behavior Grant from the State tobacco endowment is used in Minneapolis to address sexuality-related risk factors. Six community organizations receive sub-grants to provide youth development programming combined with sexuality education. Additional funds are used to provide a uniform health decision-making curriculum to MPS Middle Schools. This funding will end December 2003.

- \* Federal TANF funds were available in 2003 to address teen pregnancy prevention. DHFS contracted with community organizations that were using proven approaches to reducing teen pregnancy. The Legislature reduced this funding for Minneapolis (which also supported nurse home visiting) by more than 75%, effective July 2003.
- \* DHFS has worked with MOAPPP, the Minneapolis Foundation, MPS and Hennepin County to form the Teen Parent Connection to improve case finding and coordination of services to teen parents and their children towards the goals of reducing repeat pregnancies, improving school attendance for the teens and improving school readiness for the young children.

DHFS is working with a coalition of providers and community members to improve awareness of STDs and to increase testing and treatment among high risk groups including teens and young adults on the North Side, chemical dependency treatment program participants, and individuals connected to the criminal justice system. Efforts include encouraging providers to offer more testing and media campaigns.

DHFS is also continuing curriculum development and training activities for the two-year Youth Suicide Prevention Grant from the Minnesota Department of Health. This project is designed to develop a gatekeeper training curriculum and process to prepare teachers and other adult staff in alternative schools to recognize and respond to young people at risk of suicidal behavior. The development process included experts in a variety of cultures (racial/ethnic and gay/lesbian/bisexual/transgender) to ensure that gatekeepers are sensitive to different cultural presentations of depression and other risk factors, and knowledgeable about cultural considerations and appropriate interventions.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Gonorrhea cases among African	259 cases (AA are	205 cases (AA are	Goal: Decrease	Further decrease	Further decrease
American 15-19 year olds	71.9% of cases)	65.5% of cases)	from 2001		
Repeat Teen Births	210 (24% of teen births)	182 (23.4% of teen births)	Goal: Decrease from 2001	Further decrease	Further decrease
Births to teens	858 (13% of births)	780 (11.8% of births)	Goal: Decrease	Further decrease	Further decrease

#### Explanation of key performance measures:

Minneapolis has one of the highest STD rates in the nation, especially among African Americans. However, the African American rate decreased 30% between 1998 and 2000. Statewide data show an increase of both Chlamydia and Gonorrhea cases from 2001 to 2002. Local data for 2002 is not yet available.

In 1998 Minneapolis ranked 44th among 50 large cities in the number of repeat teen births. By 1999 the Minneapolis rate was better than the national average. The teen birth rate is slightly better than the national average.

# Service Activity:

### Weed and Seed (Federal Department of Justice)

#### Description:

This Initiative is a community-based multi-agency approach to law enforcement, crime prevention, and neighborhood restoration. The Weed and Seed Strategy "weeds" out violent crime, drug trafficking, and drug-related crime in targeted high-crime neighborhoods, and "seeds" in social services and economic revitalization, providing a safe environment free of crime and drug use for residents.

The Weed and Seed strategy brings together federal, state, and local law enforcement agencies, social service providers, representatives of the public and private sectors, prosecutors, business owners, and neighborhood residents. The collaboration, coordination, community participation, and leveraging of resources, maximizes existing programs and services, while integrating existing federal, state, local, and private sector initiatives, criminal justice efforts, and social services activities.

Over the past year, the Phillips and Northside Neighborhood Weed & Seed Initiatives of Minneapolis have seen a consistent increase in gang violence (guns) and in the distribution of drugs, in and around the Weed and Seed target areas. Weed & Seed neighborhood-based law enforcement strategies have been developed and implemented to address this gang and drug-related activity.

A key challenge this year is to ensure that each site receives its recertification of Official Recognition. This recognition will provide an opportunity to receive resources, which will assist in the further implementation of goals for each Weed and Seed site.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Change in Part 1 Crime, 4th Precinct		-16.3%	-12.83%	-17.0% (to date)	-11.53%
Change in Part 1 Crime, 3rd Precinct		-1.5%	-4.2%	-16.0% (to date)	-5.42%
Averge Change in Part 1 Crime, all Weed & Seed Zones		-8.9%	-8.51%	-16.5% (to date)	-8.47%

#### Explanation of key performance measures:

For the first time since Minneapolis experienced its most murderous years since the mid 1990s, police are currently dealing with an unusually high percentage of homicides motivated by gang and drug activity. Zero tolerance enforcement will be necessary to curb the amount of activity happening with the Weed & Seed zone.

Weed and Seed continues to be a neighborhood partnership, which leverages the commitment and resources of residents, organizations, and our police. This program have successfully completed its five year strategic plan, which clearly demonstrates our impact on crime in the Weed and Seed communities.

# Service Activity:

# Legislative Agenda and public policy activities

#### Description:

DHFS works with IGR staff to develop and advocate for health and family support legislative priorities. Key issues include: access to health care, welfare reform, protecting access to family planning and confidential services (especially for adolescents), lead prevention, elimination of health disparities, tobacco prevention and workforce development issues. The legislative agenda is developed in coordination with Children's Defense Fund, Local Public Health Association, MN Workforce Council Association and other health and human services groups.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Advocate for the following key issues:  * Maintenance of Minor Consent Laws  * Health Care Access  * Resources to reduce Health Disparities		Minor Consent Laws stay intact. Allocation of \$13.9 million in state funds to reduce health disparities. Safety net programs remain intact.	Minor Consent Laws stay intact. EHDI funding remains intact. Safety net programs remain intact.	Minor Consent Laws stay intact. Slight budget cut to the EHDI initiative. Safety net programs cut dramatically. An estimated 4,000 Minneapolis residents will lose health care coverage by 2007.	Will continue to focus on all of these issues

#### Explanation of key performance measures:

Advocating for a legislative agenda is challenging since health and family support issues are not a top priority for City IGR staff. DHFS has worked successfully with other groups to advocate for issues. During the 2003 session, DHFS worked on protecting the Eliminating Health Disparities Initiative, Minor Consent Laws, maintaining safety net programs such as General Assistance Medical Care, MinnesotaCare and core funding for local public health, and improving access to dental services. With continued budget deficit scenarios at the state level, the focus will be on protecting safety net programs and policy approaches that support the health of Minneapolis residents.

# **Primary Business:**

# Supporting the Community Safety Net

# **Service Activity:**

# Neighborhood Health Care Network (NHCN)

#### Description:

The Neighborhood Health Care Network represents a major investment in the Minneapolis health care safety net. The City contributes over \$800,000, from three sources: General Fund, CDBG and federal Maternal and Child Health pass through dollars. Eighty percent of the funds are targeted to provide patient subsidies in areas in medical and dental care to uninsured residents. Target groups are in the areas of maternal and child health and general health care needs. Fifteen percent covers a range of activities (489-Care program) that assist residents with access to affordable health insurance options and access to health care providers. The balance assists network clinics with maintenance activities related to their on-going connection to and participation with the IMMULINK Immunization Registry.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Medical Visits	8,773	6,332	6,217	6,200	6,200
Dental Visits	1,044	834	848	590	590
489-Care Contacts	5,024	5,544	5,026	5,000	4,650

#### Explanation of key performance measures:

The number of visits have gradually been reduced with cuts in General Funds and CDBG over the past several years, as well as cost of living increases in the provision of services.

# Service Activity:

# **Home Visiting**

#### Description:

The Minnesota Visiting Nurse Agency (MVNA) provides nursing and related services primarily to high-risk and low-income families. Services target pregnant and postpartum women and infants. They serve a large refugee and immigrant population and use over 26 language interpreters. MVNA also does home service to children, adults and elderly who are ill. They serve 100% of the children with high levels of lead and follow many asthmatic and communicable disease conditions in the city. The adult and elderly populations served have a wide variety of health conditions. The needs in Minneapolis exceed the funds available.

MVNA also provides oversight and consultation to Minneapolis Day Care Centers and consultation to legally licensed and legally unlicensed Minneapolis family day care homes to promote safe and healthy childcare environments, ensure implementation of infection control standards, and provide consultation to the staff about first aid, immunizations, and individual disease management.

TANF: The goals of the TANF Home Visiting Program, funded through the Minnesota Department of Health, is to promote economic self sufficiency, improve the health and well being of families with young children, and reduce out-of-wedlock pregnancies. The primary strategy is public health nurse directed case management. Minneapolis has focused primarily on reaching and serving pregnant and parenting teens with an emphasis on connecting them with school. Initially, the program was administered through counties. In January 2002, Minneapolis was given direct access to the funds.

Alliance: The goals of the Alliance Home Visiting project are based on the TANF goals, but focus on Latino families who are ineligible to receive TANF services.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
MVNA-PHN Home Visits	7663	5,049	4,976	4,500	4,400
MVNA-PHN home visits for seniors	NA	320	429	400	400
Child Care Site Training/Consultations	465	465	465	465	0
TANF Home Visiting teen families		Project development	5,378	5,092	Dependent on funding
Alliance PHN home visits (started 10/01)		384	1,328	941	Dependent on funding

#### Explanation of key performance measures:

The City of Minneapolis passes through both General Funds and CHS to support these MVNA activities. Given reductions in General Funds over the past several years and flat state CHS funding, combined with the rising cost of doing business, means reduced performance outcomes.

Child Care: All City funding for child care services is eliminated under the maximum target strategy plan and an estimated \$105,000 would be continued under the minimum strategy plan).

TANF: Significant funding cuts are in effect as of July 1, 2003 based on legislative actions.

# **Service Activity:**

#### **Child Care**

# Description:

The Greater Minneapolis Day Care Association Coordinated Child Development program partially subsidizes child care services to low and low moderate income families based on a sliding fee scale, with a portion of the funds set aside specifically to support participants in METP job training programs who are ineligible for subsidized child care. Families who receive sliding fee child care assistance are able to work and/or attend school while their children are cared for in a legal child care setting chosen by the family.

The Greater Minneapolis Day Care Association, Childcare Facilities Loan/Grant Program administers a child care facilities capital improvement program that offers loans to family day care homes and centers so that the facility can meet state childcare guidelines and improve services to children. The primary outcome of these loans has been to create healthier, safer, and more appropriate environments for young children in child care, with a special emphasis on reducing potential environmental health hazards. Among the challenges is managing the increased costs brought upon by HUD lead reduction mandates with fewer resources.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
# Loans to Centers	7	11	7	7	5
# Loans to Family Child Care Centers.	35	31	31	25	25
Number of Families Served, Day Care subsidies	120	124	128	78	75

#### Explanation of key performance measures:

Declining number of loans and families receiving subsidized day care reflects the reduction in funds and increased cost of environmental (lead) requirements from HUD, and increased waiting lists for the State Basic Sliding Fee program.

#### **Service Activity:**

#### Children's Dental Services

#### Description:

This project provides dental services to low-income children through eleven Head Start and Minneapolis Public School sites as well as their main clinic location at Minneapolis Community and Technical College. Children's Dental Services play a significant role in reducing barriers to accessing dental care for low-income children; 93% of those served are children of color; 73% receive some form of Medical Assistance, and 22% qualify for free or sliding fee scale services. City funds cover over 800 children who are uninsured and account for 13% of the total budget for this project.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Children's Dental Visits		839	834	826	778

#### Explanation of key performance measures:

In spite of major strides in improving organizational efficiencies, cost of living increases and CDBG reductions contribute to fewer visits.

# **Service Activity:**

#### Services for Senior Citizens - Chore and Block Nurse

#### Description:

The Greater Minneapolis Council of Churches Handyworks program and Pilot City Neighborhood Services provide home maintenance services with the goal of assisting seniors in remaining in their homes. The services provided include minor home repairs and chore services (e.g. snow shoveling, lawn mowing). Volunteers of America assists Minneapolis seniors in remaining in their homes and maintaining independent living by providing such services as homemaking, home repair, legal, and transportation services. Challenges are the extent of need in the senior community and the declining levels of funding.

Block Nurse Programs: Southeast Seniors, Longfellow/Seward, and Nokomis block nurse programs provide public health nursing, home health, homemaker, volunteer, service coordination, and health promotion services. A primary goal is to assist seniors with remaining independent in their own homes. Maintaining levels of funding remains a challenge for the block nurse programs.

#### Key Performance Measures for the Service Activity:

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
VOA – Units of service for all services		746	477	550	511
Residences Served Chore Project		76*	300	350	350
Senior/Block Nursing Visits		809	691	649	623

## Explanation of key performance measures:

Key challenges for all of these projects is to sustain financial support during these challenging times. These are services that are essential to helping seniors live independently, supporting the diversity of populations within neighborhoods and maintaining the city's' housing stock.

# **Primary Business:**

# Protecting the Public - Public Health Emergency Preparedness

# **Service Activity:**

# **Emergency Preparedness**

### Description:

DHFS, in coordination with City Emergency Management, public safety, and Hennepin County, is developing an all-hazards emergency preparedness plan. Plan includes rapid communications, disease surveillance, implementation of mass clinics, or other response as needed. The work is being done in coordination with metro local public health agencies.

Key Performance Measure	2000 Actual	2001 Actual	2002 Actual	2003 Estimated	2004 Projected
Development of all-hazards public health plan		Completed	Emergency Preparedness coordinator hired	Update plan and test at 12/03 exercise	Modify as needed and continue tests
Establish a redundant 24/7 notification System for city public health and public safety employees for emergencies that may impact public health			Determine key personnel & data conveyance system to respond to Health Alert Network	Establish internal policies naming key dept. positions to Incident Command roles. Identify and purchase communication technology that will ensure 24/7 redundant notification and response by those named.	Participate in and lead in tests of system with 95% successful response rate within 2 hours.
Establish working relationships with key partners in public safety and emergency preparedness.			Establish DHFS Emergency Preparedness Advisory Committee	Establish joint Hennepin County and DHFS Emergency Preparedness Advisory Committee	Provide training and support to 95% of the partners in public health emergency preparedness.
Establish an emergency preparedness system that addresses the needs and unique issues associated with vulnerable and multi-cultural (V/M) populations.			Research to determine where other successful models exist Conduct a Needs Assessment of organizations serving the V/M	Establish & provide leadership for a metro wide task force to address emergency prepared-ness issues of the V/M.  Develop recommendations for programs to implement that will meet the emergency alert and capacity building needs.	Determine funding source for recommended programs. Begin implementation of recommended programs and systems designed for communication alert and capacity building for the V/M populations.

Ensure that the public mental health needs are met in the event of a crisis or emergency.		Participate in the Mental Health Subgroup of the MDH Commissioner's Terrorism and Health Task Force	Establish a metro- wide public health task force to review issues and make recommendations to develop a mental health disaster plan. Develop DHFS policies and procedures for mental health crisis and disasters.	Determine funding source for recommended programs. Incorporate recommended changes into the City Emergency Plan.  Begin implementation of recommended programs and systems.
Ensure that public health is protected or responded to in the event of a chemical or radiological emergency		NA	Establish a public health task force to review issues related to chemical and radiologic events. Provide training to local public health regarding response to events. Conduct a Needs Assessment to determine capacity for response.	Delineate the role of MDH and local public health in chemical emergencies. Establish policies and procedures regarding the MDHFS role in chemical events. Provide training and support to MDHFS employees and public safety responders.
Smallpox vaccination program with Hennepin County	NA	Initiated plan 10/02 for phase I	315 health care workers vaccinated in Minneapolis and Hennepin County	Complete Phase II with up to 1,500 Minneapolis emergency responders

#### Explanation of key performance measures:

While natural disasters have dominated spending for emergencies in Minneapolis and Minnesota, there have been other incidents where public health should have been involved at some level. Comprehensive planning by public health for emergency preparedness is past due. Hazardous material incidents are fairly common due to industrial accidents where the long term effects from chemical exposure have potential health implications. In natural disasters, behavioral health consequences and the need for stress management have been major after affects. Public health could play a signification role in the area of prevention and mitigation, particularly as advocates for risk reduction in a number of areas. Critical to the planning efforts is the need for public health staff to quickly become trained and credentialed in the field of emergency management so that planning, response and recovery by our department can best serve the people of Minneapolis in the event of an emergency. A specific area of concern is ensuring preparedness for the vulnerable and multicultural populations because they represent a growing percentage of the citizen base but also because their preparedness needs have never been addressed by existing emergency plans. Much of the challenge for DHFS will be coordinating with state, regional, and county government and community partners to develop a comprehensive emergency preparedness plan efficiently without duplication.

# Financial Analysis: (To be completed by the Finance Department)

#### **EXPENDITURE**

In 2003, MDHFS total budget was \$21 million including 8 million of METP funds that have moved to CPED in year 2004 and \$1 million of Community Development Block Grant grants to non-profits In the general fund, there is a 10% decrease in expenditures and 11% increase in revenue from 2003 budget. Based on the State requirements, MDHFS needs to maintain a minimum of \$2,440,152 as local match dollars to qualify for our City's available Local Public Health grants.

#### **REVENUE**

Increase in general fund revenue is due to a positive trend in the health lab revenue projections. In 2004, Federal grant funds availability is anticipated to stay at the same level in year 2003 (\$3.3 million). State grants and other local funds are higher than 2003 due to State's new allocation method for grant funds and department's new grant initiatives. However, State's new allocation method is largely accomplished by block granting funds.

#### **FUND ALLOCATION**

Health and Family Support's \$12 million budget for the year 2004 includes General, CDBG, Federal, State and other local funds.

#### LOCAL GOVERNMENT AID CUT IN 2003

During 2003, the department eliminated 1.5 positions as a result of the LGA reduction.

#### ADOPTED BUDGET

The 2004budget shifts of one director position from the general fund to grant funding.

The Adopted Budget also included a direction to staff directing grants and special projects to work with the Public Health Advisory Committee to review the Public Service CDBG grants and a provide a recommendation to the Mayor for the 2005 budget.

# HEALTH AND FAMILY SUPPORT Staffing Information

	2001	2002 Adopted Budget	2003 Adopted Budget	2004 Adopted Budget	% Change	Change
FTE's by Division Health and Family Support	64.15	69.15	75.40	73.90	-1.99%	(1.50)
Total FTE's	64.15	69.15	75.40	73.90	-1.99%	(1.50)

